

# CENTRAL NEW YORK DIABETES EDUCATION PROGRAM

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## Outpatient Diabetes Services Order Form (DSMT and MNT Services)

Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Insurance Provider \_\_\_\_\_ Gender \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Other \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

### DIABETES SELF-MANAGEMENT TRAINING (DSMT)

**Medicare: 10 hours initial DSMT in 12-month period, plus 2 hours follow-up DSMT annually**

*\*Check type of training services and number of hours requested:*

- ☐ Initial group DSMT =10 hours or no. hrs. requested \_\_\_\_\_  
☐ Follow-up DSMT= 2 hours  
☐ \*Does patient have special needs Yes \_\_\_\_ (complete below)

#### \* Patients with special needs requiring individual DSMT

*Check all special needs that apply:*

- ☐ Vision ☐ Hearing ☐ Physical ☐ Cognitive Impairment  
☐ Language Limitations ☐ Other \_\_\_\_\_

### REQUESTED EDUCATION AND DIAGNOSIS CODES

#### ICD 10 Diabetes Mellitus Diagnosis Codes

- ☐ E11.9 Type 2 diabetes without complications  
☐ E10.9 Type 1 diabetes without complications  
☐ E11.65 Type 2 diabetes with hyperglycemia  
☐ 024.919 Unspecified diabetes in pregnancy  
☐ 024.911 First trimester: # weeks gestation \_\_\_\_  
☐ 024.912 Second trimester: #weeks gestation \_\_\_\_  
☐ 024.913 Third trimester: #weeks gestation \_\_\_\_  
☐ Other \_\_\_\_\_  
☐ Educate all content areas

#### OR, Specific Content Areas:

- ☐ Pathophysiology and treatment options  
☐ Healthy coping  
☐ Healthy eating and activity  
☐ Taking medications including injection training  
☐ Reducing risks (treating acute and chronic complications)  
☐ Problem solving and behavior change  
☐ Preconception  
☐ Monitoring (fingerstick and or CGM)  
☐ Insulin Pump Training

### MEDICAL NUTRITION THERAPY (MNT)

**Medicare: 3 hours initial MNT in the first calendar year, plus two hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.**

*\* Check the type of MNT and/or number of additional hours requested:*

- ☐ Initial MNT(3hrs) ☐ Annual follow-up MNT(2hrs)  
☐ Additional MNT services in the same calendar year  
Reason? \_\_\_\_\_ number additional hrs requested \_\_\_\_\_

For Medicare eligibility, diagnosis of diabetes

Should be based on 2 FBS >or equal to 126

2 hour post glucose challenge >200 two occasions

Random glucose>200 with symptoms

### CURRENT DIABETES MEDICATIONS

#### Specify type, dose and frequency

Oral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insulin/Injections:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient now uses: ☐ Pen ☐ Syringe and vial ☐ Pump

### Include recent labs for eligibility and outcomes monitor

FBS: \_\_\_\_\_ DATE: \_\_\_\_\_  
HBA1C: \_\_\_\_\_ DATE: \_\_\_\_\_  
Weight: \_\_\_\_\_ DATE: \_\_\_\_\_  
Height: \_\_\_\_\_